

Send submissions to: submissions@aaminsur.com

APPLICATION FOR GARAGE POLICY

Agent Name: _____ Retailer: _____
 Agent # _____ Address: _____
 Location: _____
 _____ Phone # _____

Proposed effective date: ____/____/____ to ____/____/____. Business Entity:
 Applicant Name: _____ Individual Joint Venture
 Mailing Address: _____ Partnership Corporation
 City: _____ State: ____ Zip: _____ Other: _____
 Web Site: _____ Inspection Contact: _____
 Years in business: ____ Years Experience in this field: ____ Contact Phone #: _____

Location 1 Address: _____ City: _____ State ____ Zip _____
 Location 2 Address: _____ City: _____ State ____ Zip _____
 Location 3 Address: _____ City: _____ State ____ Zip _____

Description of Operations: _____

INSURANCE HISTORY		<input type="checkbox"/> No prior insurance.	<input type="checkbox"/> No prior losses.
Current Carrier _____	Eff Date ____/____/____	Exp Date ____/____/____	Premium _____
Prior Carrier _____	Eff Date ____/____/____	Exp Date ____/____/____	Premium _____
Prior Carrier _____	Eff Date ____/____/____	Exp Date ____/____/____	Premium _____
Date of loss ____/____/____	Amount _____	Description of Loss _____	Driver _____
Date of loss ____/____/____	Amount _____	Description of Loss _____	Driver _____
Date of loss ____/____/____	Amount _____	Description of Loss _____	Driver _____

TYPES OF AUTOS SOLD/ REPAIRED	Sales	Repair		Sales	Repair
Auto – Private Passenger New	____%	____%	Golf Carts	____%	____%
Auto – Private Passenger Used	____%	____%	Heavy Truck (26,000+ GWW) *	____%	____%
Antique or Classic Autos	____%	____%	Kit Car	____%	____%
ATV, Snowmobile, Dirt Bike *	____%	____%	Mobile Home	____%	____%
Boat or Watercraft *	____%	____%	Motorcycle or Scooter *	____%	____%
Jet Ski *	____%	____%	Semi- Trailer *	____%	____%
Buses / Motor Coaches *	____%	____%	Sports or High Performance	____%	____%
Contractors Equipment *	____%	____%	RV & Camper (Motorhome) *	____%	____%
Emergency Vehicles or Public Livery *	____%	____%	Trailer (Utility or Travel Trailer)	____%	____%
Farm Tractors, Implements or Equipment *	____%	____%	Other: _____	____%	____%

* SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED

DOES RISK		Yes	No	Yes	No
Sell, install or calibrate breathalyzer /ignition interlock systems?	<input type="checkbox"/>	<input type="checkbox"/>	Park autos on public streets?	<input type="checkbox"/>	<input type="checkbox"/>
Structurally alter or convert vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in auto or title pawning?	<input type="checkbox"/>	<input type="checkbox"/>
Install lift kits? If yes, how high? _____ inches	<input type="checkbox"/>	<input type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in repossession?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor sports, racing, rides, rallies, shows, clubs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Sell autos with a salvage title? If yes, _____% of operation	<input type="checkbox"/>	<input type="checkbox"/>	Rebuild or repair salvage titled autos?	<input type="checkbox"/>	<input type="checkbox"/>
Sell used parts? Receipts: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	(_____% - provide details below)		
Dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in other operations?	<input type="checkbox"/>	<input type="checkbox"/>
If Salvage Yard: Are autos stacked more than 3 high?	<input type="checkbox"/>	<input type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>	Have weapons on person/ premises?	<input type="checkbox"/>	<input type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>	Are keys secured in a lock box?	<input type="checkbox"/>	<input type="checkbox"/>
Explain all yes answers: _____					
Loan, lease or rent autos to others? If yes: <input type="checkbox"/> Loan/ Rent to customer while their auto is being repaired <input type="checkbox"/> Rent/ Lease to the public					
Sell gasoline, diesel fuel, LPG, LNG, Kerosene, fuel oil (circle)? If yes, provide type & receipts: _____					
Pick up and/or deliver customers' vehicles? If yes, how far do you go? _____ How many times a week? _____					
How do you transport autos: <input type="checkbox"/> Owned Tow Truck or Car Hauler <input type="checkbox"/> Owned Tow Bar or Dolly					
<input type="checkbox"/> Driven by Employees <input type="checkbox"/> Contracted Tow Truck or Car Hauler <input type="checkbox"/> Temporary or Contract Driver					

DEALER OPERATIONS	
Sales mix: Retail _____% Wholesale _____% Consigned _____% Internet _____% Auction (risk is an auction) _____%.	
Buy here/ pay here sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the title transferred at the beginning of the finance period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do salespeople accompany customers on all test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No Allow extended or overnight test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Radius of pickup and delivery: <input type="checkbox"/> None <input type="checkbox"/> 1-300 miles <input type="checkbox"/> 301-500 miles <input type="checkbox"/> 501-1,000 miles <input type="checkbox"/> Unlimited	

NON-DEALER OPERATIONS	
Alarm, Stereo or Navigational Systems _____%	Hitch Sales or Installation. Bolt/ Weld (circle) _____%
Alignment _____%	Impound Yard _____%
Auto Dismantling (see used parts) _____%	Lift Kits / Lowering Kits _____%
Auto Body Shop/Painting _____%	Oil /Lube _____%
Auto Parts (uninstalled) Receipts _____%	Parking Lot & Parking Garage (self-park) _____%
Brakes _____%	Performance Enhancement _____%
Butane, Propane, LPG, LNG, Nitrous (circle) _____%	Tire Sales – New _____%
Car Wash – Full Service _____%	Tire Sales & Repair – Used _____%
Convenience Store Receipts _____%	Trailer Hitch Install or Repair _____%
Detailing _____%	Valet Parking (Valet supplemental required) _____%
Driveway Contractor, Wrecker or Towing (circle) _____%	Van Conversion _____%
Frame or Unibody Straightening _____%	Window Tinting _____%
Gasoline Station – Full or Self Service (circle) _____%	Windshield Install or Repair _____%
General Engine Repair _____%	Other: _____%
Are all spray painting operations completed in an UL approved booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTO STORAGE AND VALUES

Owned Autos: _____

Non-Owned Autos: _____

How are Autos Stored?

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- Building Standard Lot*
 Non-Standard Lot ** Unprotected Lot **

- Building Standard Lot*
 Non-Standard Lot** Unprotected Lot**

Value Per Auto: Average _____ Max _____

Value Per Auto: Average _____ Max _____

Number of Autos: Average _____ Max _____

Number of Autos: Average _____ Max _____

* Standard Lot: When closed for business all entrances, exits, openings and the entire premises is protected by fences with locked gates, or post and heavy chains with locks.

** Non-Standard Lot: Any other type of protection.

** Unprotected Lot: No theft barrier present.

EMPLOYEE AND NON-EMPLOYEE INFORMATION LIST ALL OWNERS, EMPLOYEES, DRIVERS & HOUSEHOLD MEMBERS

Name	Drivers License Number & State	Date of Birth	Within the past 3 yrs.		Status	Hours Worked	Auto Usage
			Violations	Accidents			
1		/ /			Regular operator, Other employee, Non-Employee, Contract driver	Full Time / Part Time	Furnished, Business, None
2		/ /					
3		/ /					
4		/ /					
5		/ /					
6		/ /					
7		/ /					
8		/ /					
9		/ /					
10		/ /					

Have all owners, employees, drivers & household members been disclosed above? Yes No
 Gross Sales- Per \$ 1,000/Sales: _____ Payroll – Per \$ 1,000/Pay: _____

STATUS:

- A) Regular Operator: Owners, partners, officers, salespersons, managers & employee with regular operation
- B) Other employees: Clerical staff, lot personnel, mechanics & those who do not regularly operate an auto.
- C) Non-employees: Inactive owners, partners, officers and their spouses.
- D) Contract driver: Scheduled individual (provide name) or Blanket.

USAGE:

- F) Furnished
- B) Business Use
- N) None

SCHEDULED AUTOS

Use: P = Personal S = Service (used to service the risk itself) C = Commercial (tow truck for hire)

Year	Make	Model	VIN	Value	Loss Payee	
1						
2						
3						
GVW	Use	Radius	Filings Required	Check Coverages Desired		
1			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
2			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
3			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP

COVERAGE & LIMITS

Garage Liability	Limit of Liability	Deductible
	Auto _____	Each Accident _____ Bi & PD
	Other Than Auto _____ Each Accident	
	Other Than Auto _____ Aggregate Limit	

Garagekeepers	Limit of Coverage		
	<input type="checkbox"/> Legal Liability	Location 1 _____	Maximum Value Per Single Auto _____
	<input type="checkbox"/> Direct Excess	Location 2 _____	_____ Deductible Per Auto
	<input type="checkbox"/> Direct Primary	Location 3 _____	_____ Deductible Per Occurrence
	<input type="checkbox"/> Comprehensive & Collision	In- Tow Coverage:	<input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire
<input type="checkbox"/> Specified Causes & Collision	Limit Per Tow Truck: _____	Number of Tow Trucks _____	

Dealers Open Lot	Limit of Coverage		
	<input type="checkbox"/> Comprehensive & Collision	Location 1 _____	Maximum Value Per Single Auto _____
	<input type="checkbox"/> Specified Causes & Collision	Location 2 _____	_____ Deductible Per Auto
		Location 3 _____	_____ Deductible Per Occurrence
	<input type="checkbox"/> False Pretense	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Consigned Autos
	<input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee		

Medical Payments	Auto Medical _____	Garage Operations /Premises Medical _____
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Uninsured Motorists	Each Accident _____	Number of Dealer Tags: _____
Underinsured Motorists	Each Accident _____	Uninsured Motorists Property Damage _____

Personal Injury Protection	Per Statute _____
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Radius of Pickup & Delivery	<input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1,000 Miles <input type="checkbox"/> 1,000+ Miles
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<input type="checkbox"/> Broadened Coverage (includes Personal Injury and \$ 50,000 in Fire Legal Liability)	<input type="checkbox"/> Hired Auto
<input type="checkbox"/> Fire Legal Liability Limit _____	<input type="checkbox"/> Broad Form Products
<input type="checkbox"/> Personal Injury Liability	<input type="checkbox"/> Drive Other Car

<input type="checkbox"/> Additional Insured	Name _____
<input type="checkbox"/> Waiver of Subrogation (landlord only)	Address: _____
	Insurable Interest/ Relationship to risk: _____

Additional Information (Include any Related GL Operations you wish to package with the Garage Policy) :

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to civil and criminal penalties.

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

Signature of Agent _____	Date _____	Signature of Applicant _____
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